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October 3, 2006

Via facsimile 571-273-6500

Mail Stop 16
United States Patent & Trademark Office
ATTN: REFUND BRANCH
PO Box 1450
Alexandria, VA 22313-1450

RE: Title: Air Separator and Splitter Plate System and Method of Separating Garbage

Serial No. 10/790,521 Filing Date: March 1, 2004

To Whom it May Concern:

On July 24, 2006 we filed an Amendment with a one (1) month Petition for Extension of Time. Our Deposit Account was charged twice for this one (1) month Petition for Extension of Time.

We are kindly requesting that our Deposit Account be credited the \$60.00 it was overcharged.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

Howard M. Cohn

HMC/ks

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PTO/SB/22 (12-04)
Approved for use through 07/31/2008, OMB 0661-0031
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PETITION FOR EXTENSION OF TIME UNDER	Dockel Number (Optional)			
FY 2005	NA1-101			
[Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).] Application Number /0/790, 52/		Filed Macel	Fled March 1 2004	
	71.51.4	770700		
For Air Separator and Splitter F	Plate System and	Examiner Jonatha	D Mills	i
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
	<u>Fee</u>	Small Entity Fee	40	
One month (37 CFR 1,17(a)(1))	\$120	\$60	s 60,00	ŀ
Two months (37 CFR 1.17(a)(2))	\$450	\$225	s·	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 .	5	
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-2415 thave enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTC-2038.				
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I am the applicant/inventor.		•		
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
atterney or agent of record. Registration Number 25, 808				
- attorney or agent under 37 CFR 1.34.				
Registration number if acting uni	der 37 CFR 1.34		2001	
14mm 12		7-29	-2006 1-0955	
Signature			lata	
Howard V7. Cohn	·	(216) 75%	-0955	
Typed or pretical name				
NOTE: Signatures of all the inventors or assignous of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below. 88/81/2886 HTECKLUI 88888835 632415				18798521
Total of forms a	re submitted.			32
Tris objection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a behalf by the public which \$50 kW (\$250 to the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any				
complete, including gathering, propering, and submitting the complete	o appacation form to the USF After successions for reducing	this burden, should be sent to the	pen the transcust case. May be Chief Information Officer,	

comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief information (Or. 18. Petant and Trademark Office, U.S. Petantier, Or. 8 part 1450, Alexandria, VA 22213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22213-1450.

If you need essistance in complaining the form, oas 1-800-PTO-9199 and select uption 2.